APPLICATION FOR EMPLOYMENT

Piedmont Health Care Center

Dugger Mountain Assisted Living & Specialty Care Facility PERSONAL INFORMATION

PRE-EMPLOYMENT QUESTIONAIRE

Date:

EQUAL OPPORTUNITY EMPLOYER

NAME: LAST NAME									
			FIRST NAME				MIDDLE		
ADDRESS:									
STREET		CITY				STITE			
PHONE NUMBER:	()		SOCIA	SOCIAL SECURITY NUMBER:					
CELL: () REFERRED BY:									
EMPLOYMENT I	DESIRED								
POSITION APPLYING FOR:		_SALARY DESIRED:			DATE Y				
FULL TIME PART TIME SHIFT(S) AVAILA							*All shifts may		
ARE YOU NOW EM				-			PLOYER? YI		
EVER APPLIED TO	THIS COMPA	NY BEFORE? YES (OR NO	WHEN?					
	HETODY								
EDUCATIONAL H	HISTORY								
NAME &	& LOCATION	OF SCHOOL	YEARS ATTENDED		DID YOU GRADUATE?		SUBJECTS STUDIED		
GRAMMER SCHOO	DL								
HIGH SCHOOL									
COLLEGE									
TRADE, BUSINESS									
SCHOOL, OTHER									
ARE YOU LICENSED / CERTIFIED FOR THE JOB YOU ARE APPLYING FOR? YES OR NO									
ISSUING STATE:		LICENSE/CERT	IFICATION NU	JMBER: _					
HAS VOUR LICENS	E EVER BEEN	REVOKED &/OR SUSPEND	FD? VFS	OR	NO IF VES F	XPLAIN.			
FORMER EMPLO	OYERS (STAR	T WITH LAST JOB FIRST)							
DATE MONTH YEAR		ess of Employer & Supervisor's Na	me SALARY	POSITIO	ON PHO	ONE NUMBER	REASON	FOR LEAVING	
FROM									
<u>TO</u>									
FROM									
<u>TO</u>									
FROM									
TO									
FROM									
<u>TO</u>									
REFERENCES (CIV	E BELOW THE	NAMES OF THREE PERSONS NO	T RELATED TO	YOU WHO	M VOI HAVE K	NOWN AT L	EAST 1 VEAR)		
NAME		ADDRESS	BUSINESS			PHONE NUMBER		YEARS KNOWN	
AUTHORIZAT	ION								

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative."

AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF A CIVIL/CRIMINAL HISTORY, CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT

As part of its employee selection process, <u>The Health Care Authority of the City of Piedmont, D.B.A. Piedmont Health Care Center,</u> <u>D.B.A. Dugger Mountain Assisted Living & Specialty Care Facility</u> (hereafter referred to as **THE COMPANY**), routinely obtains civil/criminal history, consumer history, consumer and/or investigative consumer reports, and/or credit information on applicants for employment and employees that apply for promotions. The information contained in these reports may be used to deny an individual employment with **THE COMPANY** or to deny an employee a promotion to a particular position.

I, the undersigned consumer, do hereby authorize **THE COMPANY**, by and through an independent contractor, Background IQ LLC ("the Agency") to procure a consumer report and/or investigative consumer report on me prior to employment and/or throughout the term of employment.

These above-mentioned reports may include, but are not limited to, employment and education and verifications of same; personal references; personal interviews; personal credit history based on reports from any credit bureau; driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; drugs screenings including controlled substance testing; and/or any other public record. I also understand that any of these reports may be done on a routine or annual basis.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report prepared on me upon my written request to the Agency that is made within a reasonable time after the date hereof. I also understand that I may request a written summary of my rights under 15.USC 1681 et.seq.

I further authorize any person, business entity or governmental agency who may have information relevant to the above, to disclose the same to **THE COMPANY**, by and through the Agency, including but not limited to, any courthouse, any public agency, any and all law enforcement agencies, and any and all credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.

I hereby release **THE COMPANY**, the Agency, and any and all persons, business entities and governmental agencies, whether public or private, from any and all liability, claims and/or demands, of whatever kind, to me, my heirs or others making such claim or demand on my behalf, for procuring, selling, providing, brokering, and/or assisting with the compilation or preparation of the consumer report and/or investigative consumer report and/or civil/criminal history hereby authorized.

Printed Name:							
	First	Middle	L	Last			
Other:							
	First	Middle	L				
Current Address:	Street/P.O. Box						
	Street/P.O. Box	City	State	Zip	How Long		
ormer Address:							
-	Street/P.O. Box	City	State	Zip	How Long		
ormer Address:							
	Street/P.O. Box	City	State	Zip	How Long		
ocial Security:	_	[_] Driver's License #					
		Include State					
Date of Birth:	/	Gender: Male or Fem	ale Phone #: ()			
		(Circle One)					
Profession/Licens	e #	Email Address:					

*Without this information, we will be unable to properly identify you in the event we find adverse information during the course of our background search.

I hereby certify that the above information is true and correct. I understand that falsification of any of the above information may lead to discipline, termination, and/or denial of promotion of employment.

Signed Name: